PRINTED: 09/15/2011 FORM APPROVED

	THE TOTT MEDICALL	7			OMB NO. 0938-039
STATEME! AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED
		09G217	B. WI	NG	09/02/2011
RCM O	PROVIDER OR SUPPLIER F WASHINGTON, INC			STREET ADDRESS, CITY, STATE, ZIP CO 617 DAHLIA STREET, NW WASHINGTON, DC 20011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		N SHOULD BE COMPLETION
W '000	INITIAL COMMENT	ទេ	W	000	
	August 31, 2011 the utilizing the fundam random sample of t from a population owith various levels of developmental disa. The findings of the sobservations at the programs, interview, and staff and the resulting the fundamental disa.	bilities. survey were based on group home, two day s with clients, family member		Department of M Department of M Health Regulation & Licensing Intermediate Care Facility 899 North Capitol & Washington, D.O. 2	Administration ties Division
W 120	[Qualified Mental Re (QMRP) will be refer Intellectual Disabilition this report].	etardation Professional red to as Qualified es Professional (QIDP) within	W 1	20	: :
	The facility must ass meet the needs of ea	ure that outside services ach client			
	Based on observation review, the facility fail services meet the net the three clients in the services in the three clients in the services meet the service	not met as evidenced by: on, interview and record iled to ensure that outside leds of each client, for one of e sample. (Client#2)		The QIDP reported to client #2's to enservice the day service staff positioning including feet and leg	on the proper wheelchair
	The finding includes:			Refer to attachment #1.	
! !	observations conduct revealed Client #2 wa custom molded whee attached to it. Furthe	r observations revealed that		In the future, the QIDP will ensur properly position client #2 on her that the recommendations are foll frequent unannounced visits at the	wheelchair. To ensure owed upon, QIPD will make
ORATORY	DIRECTOR'S OR PROVIDE	VSUPPLIER REPRESENTATIVE'S SIGNAT	TURE	TITLE A . A	(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1	JULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	-
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		09G217	B. Wil	NG	09/02/2011	
	PROVIDER OR SUPPLIER WASHINGTON, INC			STREET ADDRESS, CITY, STATE, ZIP O 617 DAHLIA STREET, NW WASHINGTON, DC 20011	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		N SHOULD BE COMPLET E APPROPRIATE DATE	ION
W 120	footrests. At 12:38 observed placed dir At 12:51 p.m., staff okay. The client repyes. At that time, the reposition the client wheelchair leg and the leg and footrests surveyor informed the were not placed pro-approximately 1:16	ge 1 observed with leg and p.m., Client #2's feet were ectly behind the leg/footrests. asked Client #2 was she olied, by shaking her head e staff was not observed to s legs properly onto the cootrest. At 1:12 p.m., Client ring to position her legs onto s but was unsuccessful. The ne staff that Client #2's feet perly onto the footrests. At p.m., the staff placed the to the wheelchair leg and	W	The QIDP reported to client #2 to enservice the day service sta positioning including feet and Refer to attachment #1. in the future, the QIDP will ensproperly position client #2 on h that the recommendations are for frequent unannounced visits at	If on the proper wheelchair logs. For that the day program or wheelchair. To ensure bllowed upon, QIPD will mention of the property of the pr	-
	program staff on the was unaware that C behind the wheelcha indicated that was a At the time of the su ensure that Client #2 properly positioned oprescribed.	onto her wheelchair as		The QIDP reported to client #2 to enservice the day service sta positioning including feet and Refer to attachment #1. In the future, the QIDP will ensproperly position client #2 on h that the recommendations are forequent unannounced visits at	If on the proper wheelchair legs. The control of the day program or wheelchair. To ensure of the control of th	
W 159		OFESSIONAL reatment program must be ed and monitored by a	W 1	59		
	Based on observation review, the qualified in	not met as evidenced by: on, interview, and record intellectual disabilities failed to coordinate, monitor,		i i	• •	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUII	ULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY COMPLETED			
		09G217	B. WIN	G	09/	02/2011	
	PROVIDER OR SUPPLIER WASHINGTON, INC			STREET ADDRESS, CITY, STATE, ZIP COI 617 DAHLIA STREET, NW WASHINGTON, DC 20011			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
W 159	Continued From pa	age 2	W 1	59		•	
	integrate each clien five residents resid #2, #3 and #4)	nt's active treatment, for four of ing in the facility. (Clients #1,		;			
	The findings includ	e:					
	failed to ensure that	#120. The facility's QIDP It outside services met the It, for one of the three clients in I#2)		Refer to W 120 P 1&2 Attachment # I		9-06-11	
	failed to ensure that with effective training	/189. The facility's QIDP t each employee was provided ng that enabled the employee or duties effectively, efficiently, or Client #2.		Refer to W 189 P 3&4 Attachment #2		9-15-11	
	QIDP failed to imple ensure that each cli self-medication train	r249 and W371. The facility's ement an effective system to ent participated in a ning program, for two of three ine sample. (Clients #1 and #2)	,	Refer to W 249 P.5, 6, &7 Attachment #3 Refer to W 371 P 7, 8, 9, 10 Attachment #4	, 11	9-22-11	
W 189	failed coordinate an Client #3's right wis and maintained in c Client #4's wheelch: 483.430(e)(1) STAF The facility must proinitial and continuing employee to perfor efficiently, and complete the comp	·	W 18	Refer to attachment #5a Attachment # 5b Attachment # 5c Attachment # 6a Attachment #6b		9-07-11 9-15-11 9-16-11 9-02-11 9-06-11	
		onot met as evidenced by: on, interview and record					

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				D. 0938-0391	
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		09G217	B. WING	<u> </u>	09/	02/2011	
NAME OF P	ROVIDER OR SUPPLIER		Is	STREET ADDRESS, CITY, STATE, ZIP	CODE		
RCM OF	WASHINGTON, INC			617 DAHLIA STREET, NW WASHINGTON, DC 20011			
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W 189	employee was prov training that enable or her duties effecti	ailed to ensure that each ided initial and continued d the employee to perform his	W 18	39			
	approximately 10:10	s: September 2, 2011, at Dia.m., failed to provide the training on the use of					
	On August 31, 201 observed sitting in a watching television minutes later, Clien company van for de Staff #1 was observed wheelchair onto the wheelchair, and ren the wheelchair was van. Staff #2 was of the van for support observed attached was not used by Staff a.m. revealed that the wheelchair should have client #2 who wheelchair lift. Interesting attached to the strap attached to the the strap was a little	#2 on the same day at 9:50 he strap attached to the lave been used to further life being loaded onto the rview with Staff #1, who ecure Client #2 using the lawheelchair, revealed that		All staff were trained by Or The training included Whel Wheelchair securement sys Securement system in and Pretrip assessment, Wheelc precautions Wheelchair lift The training was on client # as well as the rest of the cli- in the facility. Refer to attachment #2. In the future, the facility ma- ensure that staff are trained wheelchair safety	lechair tie down, tem, Safety, out of vehicle, chair fift general operations (power #2's wheelchair sa ent on wheelchair	er manual) fety	

Staff #3 was observed to show Staff #1 how to

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	PROVIDER OR SUPPLIER WASHINGTON, INC			STREET ADDRESS, CITY, STATE. 617 DAHLIA STREET, NW	ZIP CODE
				WASHINGTON, DC 20011	l
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE A	ACTION SHOULD BE COMPLETION DATE
W 189	Continued From pa	ge 4	W 1	: 180	
	secure Client #2's v		**	103	
	wheelchair strap att	ached to the wheelchair lift.			
	Interview with Staff intellectual disabilitic September 2, 2011, she had received trawheelchair on the vicesidential director ((RN) on the same dip.m., revealed that a on wheelchair securing Review of the in ser September 2, 2011, was no documented received training on be noted that the su evidence of the whe	#1 and the qualified es professional (QIDP) on at 10:07 a.m., revealed that aining on securing client's an. Interview with the RD) and the registered nurse ay at approximately 3:50 all staff had received training		The training included W Wheelchair securement s Securement system in a Pretrip assessment, Whe precautions Wheelchair	system, Safety, nd out of vehicle, elchair lift general lift operations (power manual) nt #2's wheelchair safety elient on wheelchairs
W 249		RAM IMPLEMENTATION	W 2	49	
	As soon as the intentiformulated a client's each client must recitreatment program clinterventions and set and frequency to sugar	disciplinary team has individual program plan, eleve a continuous active		;	
í	Based on observation review, the facility fai	not met as evidenced by: on, staff interview and record led to ensure each client active treatment, for two of			

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CENTE	RS FUR MEDICARE	: & MEDICAID SERVICES				OWR NO. 083	<u> 38-0391</u>
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		09G217	B. WII	NG.		09/02/20	111
NAME OF P	ROVIDER OR SUPPLIER			51	TREET ADDRESS, CITY, STATE, ZIP CODE		
DCM OF	WASHINGTON, INC				617 DAHLIA STREET, NW		
NOM OF	WASHINGTON, INC				WASHINGTON, DC 20011		
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W 249	Continued From pa	00 F	141	n 46			
VI 273			W 2	2 48	ž		
	#2)	he sample. (Clients #1 and			·		
	#21					•	
	The findings include	2:			:		
	1 During evening	observation on August 31,				•	İ
		Client #1 was observed				* •	
		e top activities. At 4;55 p.m.,			Client #1 was reassessed by the Q		21-11
		blocks across the table. The			Client #1 does not communicate w	ith sign language	
		back in front of the client and			The goal has been revised and the	criteria was	
	she gently tossed th	em across the table. The			changed to physical assistance.		
		nt if she was finished playing			Staff has been trained to physically	assist client	:
		d her head in the opposite			#1 in the implementation of the tal		
		. Interview with the staff on				ne top activities.	
		5:20 p.m., revealed that the			Refer to attachment #3		
		al and used gestures to			The Speech and Language Patholo	igist will	
	express her needs.				assess client #1 on 9-30-11	1	
	Review of Client #1	s individual program plan			In the future, the QIDP will ensure	that client #1's	
		per 10, 2010, on September 1,			goal and objective coincide with he	er cognitive and	
		revealed a program objective			adaptive abilities.		
		lient] will use manual signs					
		sorry, what and please) with			:		
		from staff on 60% of			•		
		nonth for three consecutive			Client #1 was reassessed by the QIE	OP on 9-21	-11
	months."				Client #1 does not communicate wit	h sign language.	1
	On Contomber 2, 20	144 et 40:00 e m. intendeu.			The goal has been revised and the ci	= =	
	with the qualified int	011, at 10:00 a.m., interview			changed to physical assistance.		
		indicated that the Client #1			Staff has been trained to physically	assist client	ı
		nguage; however, she uses			#1 in the implementation of the table	,	l
		her needs. Interview with the			-	, top activities.	1
		on September 2, 2011, at			Refer to attachment #3		
		been on duty the evening of			The Speech and Language Patholog	ISL WILL	
		vealed that the client used			assess client #1 on 9-30-11		1
		her wants and needs. She			In the future, the QIDP will ensure t	hat client #1's	ł
		t if she does not want to			goal and objective coincide with her	cognitive and	
	participate in an acti	vity, she would throw items			1.1222	- 1	Į

adaptive abilities.

OF 141 F	INO I ON MEDICANE	A MEDICAID SERVICES			OWR M	<u>J. 0</u> 938-039			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII	ULTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED			
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NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP					
RCM OF	WASHINGTON, INC			617 DAHLIA STREET, NW					
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W 249	Continued From pa	ge 6	W 2	49 Client #1 was reassessed by	the OIDP on	9-21-11			
	across the table or	-	•••	Client #1 does not communic		tuage.			
				The goal has been revised an					
	Reveiw of the QIDP	quarterly notes dated from		changed to physical assistant	e.				
	September 2 2010 (na	ough August 6, 2011, on at 10:55 a.m., revealed that		Staff has been trained to phys	sically assist clien	t			
	Client #1 required 40% physical assistance to			#1 in the implementation of the table top activities.					
	complete the signs. The notes further revealed			Refer to attachment #3					
	that the client should	d continue to receive training		The Speech and Language Pa	ithologist will				
	on the manual sign	language IPP. The QIDP		assess client #1 on 9-30-11					
	sions and she would	speak to the staff that		The Speech and Language Pa	athologist will				
	worked on August 3	1, 2011, and documented on		assess client #1 on 9-30-11		•			
	Client #1's sign lang	uage IPP.		In the future, the QIDP will e	nsure that client #	‡l's			
	2 Crose Def M274	. The facility failed to		goal and objective coincide v	vith her cognitive	and			
	implement an effect each client participa	ive system to ensure that ted in a self-medication		: adaptive abilities.					
	in the sample. (Clier	two of three clients included		Refer to W 371 P 7, 8,9, 10,1	ı	9-03-11			
W 371	483.460(k)(4) DRUG		18/ 27	71 Attachment #4	•	7-03-11			
			VV 3,	·		‡			
		administration must assure		•					
	that clients are taugh	nt to administer their own							
	medications if the int	erdisciplinary team administration of medications		£					
		ective, and if the physician							
	does not specify othic			· •		1			
				į					
	This STANDARD is	not met as evidenced by:				:			
		ons, interviews and the							
		e facility failed to implement							
	an effective system t	o ensure that each client							
	participated in a self-	medication training program							
	for two of three client (Clients #1 and #2)	s included in the sample.							
	The findings include:			:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
		09G217	B. WII	NG	09/02/2011	
NAME OF PROVIDER OR SUPPLIER RCM OF WASHINGTON, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 617 DAHLIA STREET, NW WASHINGTON, DC 20011		
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W 371 Continued From page 7

1. Observation of the medication administration on August 31, 2011, at 4:35 p.m., revealed the licensed practical nurse (LPN) prepared Client #1's medications. He punched a pill into a medicine cup, crushed the pill, placed into a cup of applesauce and spoon fed the client her medication. The LPN then held a cup up to the client's mouth as she client drank water. When finished, the LPN placed the medicine cup into the trash can. At 6:50 p.m., the LPN was observed preparing Client #1's medications. He punched the pills into a medicine cup, crushed the pills, placed them a cup of applesauce and spoon fed the client her medications. At no time did the LPN encourage the client to participate in the self-medication administration.

Interview with LPN on the same day, after the medication administration, revealed that the client does not participate in a self medication program.

Review of Client #1's self medication assessment dated May 26, 2011, on September 1, 2011, at 9:45 a.m., revealed that the client is capable of self administering medication with assistance and under close supervision. At that time, a training program was recommended and the interdisciplinary team accepted the training program.

Review of Client #1's Individual Program Plan (IPP) dated November 10, 2010, on September 1, 2011, at 10:06 a.m., revealed a program goal which stated, "increase her self medication participation skills". Further review indicated Client #1's self-medication program was outlined as follows:

W 371

Client #2 is encouraged to participate in self medication program during medication administration. Even if she refuses, she is offered with the opportunity to participate.

All nurses have been retrained to ensure that client #2's self medication program is fully implemented per protocol. 9-03-11 Refer to attachment #4.

In the future, the nursing team will ensure that all of the individuals are encouraged to fully participate in the self medication program.

Client #1 is encouraged to participate in self medication program during medication administration. Even if she refuses, she is offered with the opportunity to participate. All nurses have been retrained to ensure that client #1's self medication program is fully implemented per protocol. 9-(Refer to attachment #4.

In the future, the nursing team will ensure that all of the individuals are encouraged to fully participate in the self medication program.

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		09G217	B. Wil	NG_		09/02/2011
NAME OF PROVIDER OR SUPPLIER RCM OF WASHINGTON, INC			5	REET ADDRESS, CITY, STATE, ZIP CODE 17 DAHLIA STREET, NW VASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APPIDEFICIENCY)	DULD BE COMPLETION
W 371		ge 8 and assistance from the nurse, pt the dispensed mediation	w:	371		
	rom the nurse, - With hand over ha [the client] will put the and - With hand over ha [the client] will swall of water. Review of Client's # record on Septemb 12:30 p.m., reveale that the client require	and assistance from the nurse, the medication in her mouth; and assistance from the nurse, ow her medications with a cup of the program documentation ar 1, 2011, at approximately dithat the LPN documented			Client #1 is encouraged to particip program during medication admin refuses, she is offered with the op All nurses have been retrained to e medication program is fully imples Refer to attachment #4. In the future, the nursing team will all of the individuals are encourage in the self medication program.	nistration. Even if she portunity to participate. ensure that client #1's self mented per protocol. 9-03-11 l ensure that
	1:00 p.m., revealed encourage Client # medication program 2. Observation of the on August 31, 2011 licensed practical numbers are discouraged in the second	ne medication administration, at 6:26 p.m., revealed the curse (LPN) preparing Client de punched the pills into a ned the pills, placed into a cup spoon fed the client her PN then held the cup up to the e client drank the water. LPN placed the medicine cup At no time did the LPN the			Client #2 is encouraged to particip program during medication admit refuses, she is offered with the op All nurses have been retrained to a medication program is fully imple Refer to attachment #4. In the future, the nursing team will all of the individuals are encouragin the self medication program.	nistration. Even if she oportunity to participate. ensure that client #2's self emented per protocol. 9-03-1

Facility ID: 09G217

Interview with LPN on the same day, after the medication administration, revealed that the client

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MED

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W 371	Continued From pa	ge 9 in a self medication program.	W	371	1			
	dated May 26, 2011 11:00 a.m., revealed self administering m under close supervis program was recom	s self medication assessment, on September 1, 2011, at distance that the client is capable of edication with assistance and sion. At that time, a training mended and the n accepted the training		r A m R Ir	Client #2 is encouraged to partice program during medication admirefuses, she is offered with the oalf nurses have been retrained to nedication program is fully implaced to attachment #4. In the future, the nursing team we	ninistration. Event opportunity to posterior that clic demented per propertion in the properties in th	en if she articipate. ent #2's self otocol. 9-03-1	
	(IPP) dated October 2011, at 12:06 p.m., which stated, "increa participation skills".	s Individual Program Plan 25, 2011, on September 1, revealed a program goal ise her self medication Further review indicated cation program was outlined			If of the individuals are encoura the self medication program.	ged to fully par	ticipate	
	 With hand over har [the client] will accep from the nurse; 	d assistance from the nurse, t the dispensed mediation						
	 With hand over hand assistance from the nurse, [the client] will put the medication in her mouth; and With hand over hand assistance from the nurse, [the client] will swallow her medications with a cup of water. 				Client #2 is encouraged to partic	cipate in self m	edication	
				!	program during medication adm refuses, she is offered with the All nurses have been retrained to	opportunity to poportunity to populate the contract of the con	participate. ient #2's self	
	record on September 2:30 p.m., revealed the that the client require assistance. Interview	program documentation 1, 2011, at approximately nat the LPN documented d hand over hand with the facility's registered 1, 2011, at approximately		l a	medication program is fully imp Refer to attachment #4. In the future, the nursing team wall of the individuals are encourain the self medication program.	vill ensure that	!	

3:00 p.m., revealed that he LPN should

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	AULTIPLE CONSTRUCTION ILDING	(X3) DATE SURVEY COMPLETED		
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NAME OF P	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI	E .		
RCM OF	WASHINGTON, INC			617 DAHLIA STREET, NW			
	Cultura Ov. CT/			WASHINGTON, DC 20011			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACTION S	SHOULD BE COMPLETION		
W 371	Continued From pa	ige 10	w :	371			
	encourage Client #2 to participate in the self medication program.		• •				
W 436		CE AND EQUIPMENT	W	436.			
	The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the		Clien	at #3 was wearing his hand splint at his	s residence prior		
			to his hospitalization from 8-8-11 to 8-25-11 when				
				as discharged from the nursing home, a			
interdisciplinary team as needed by the client.			esidence at 617 Dahlia street NW.				
,			Acco	rding to the staff, Mr. Jones wore his h	hand splint after the		
			hospi	talization. The staff did not report to the	he house management		
		s not met as evidenced by:	team	that Mr. Jones' hand splint was not in	place.		
	review, the facility fa	tion, interview and record alled to furnish and maintain in	Once	the home management team was awar	re of the missing		
		d splint, neck brace, and cribed, for two of the four	hand splint, the DON contacted The PCP to request the pos and				
		ne facility. (Clients #3 and #4)	719-A	was signed by the PCP on	9-07-11.		
		• '	Refer	to attachment # 5 a	•		
	The findings include	# 	Hange	er Prosthetics & Othotics was contacted	d for Mr. Jones'		
		to furnish and maintain in	hand s	splint fitting appointment, which was s	scheduled on + 9-15-11		
	condition Client #3 s	s right wrist handsplint.	Refer	to attachment 5b			
		I, at 9:55 a.m., Client #3 was	The O	ecupational Therapist reported to the l	home, and		
		a custom molded wheelchair in the living room area. The	compl	eted Mr. Jones' IPP and data collection	n sheet. 9-16-11		
	client's right hand a	ppeared to be contracted. A	Refer	to attachment 5c.	•		
		nterview with the licensed N) verified that the Client #3's		vere trained on the adaptive equipmen	t by the QIDP on 9-22-11		
	right hand was conti	racted. On September 2,	Refer	to attachment # 5d			
		review of Client #3's individual		future, the facility management will en			
		lated December 18, 2010, tional therapist (OT) quarterly		uals' adaptive equipment are furnishe	- ,		
	review May 2011. T	The OT review revealed that	All sta	off were disciplined for failure to repor	t the missing		
		tinue to benefit from the hand so	hand s	plit to the facility management.			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	AULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		09G217	B. WII	NG	09/02/2011
RCM OF	PROVIDER OR SUPPLIER WASHINGTON, INC	TEMPS OF DESCRIPTION		STREET ADDRESS, CITY, STATE, ZIP O 617 DAHLIA STREET, NW WASHINGTON, DC 20011	CODE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		ON SHOULD BE COMPLETION E APPROPRIATE DATE
W 436	Interview with the sa 2011, at 10:15 a.m., a right wrist hand sp contractures of the revealed the hand s hours and off for one the hand splint, the lany evidence of it. A conducted with the (arme LPN on September 2, revealed the client was had	W	Refer to W 436 P 11 Attachment #5a Attachment #5b Attachment #5c Attachment #5d	9-07-11 9-15-11 9-16-1
	that Client #3's furnis repair. 2. On August 31, 20 was observed laying wheelchair placed in staff was observed pathroom. During the were dragging on the manual wheelchair, interviewed to ascert whether or not footre wheelchair. The staft that the client has or wheelchair." Interviewed that the client has or wheelchair." Interviewelchair. The staft that the client has or wheelchair. Interviewelchair. Interviewelchair. Interviewelchair. Interviewelchair. Interviewelchair. Interviewelchair. Interviewelchair approximatellectual disabilities same date, at approximate since her employnot seen any footrest.	rvey, there was no evidence shed and maintained in good and maintained in good and the sofa with a manual front of him. At 9:15 a.m., ropelling the client to the e transition, Client #4's feet e floor, underneath the Seconds later, the staff was ain information regarding sts were required on her f replied, "I am not aware uses footrest for his w with the qualified sprofessional (QIDP), on the simately 11:00 a.m., revealed on Client #4's wheelchair.		Client #4's swing away footh There were inside the closet Refer to attachment # 6a Another 719-A was signed b the order of the new pair of Refer to attachment # 6b Staff were trained on the ad by the QIDP on Refer to attachment # 5d in the future, the facility mar ensure that the individuals' a are available and in good re	y the PCP for footrests on 9-06-11 faptive equipment by the 9-22-11 nagement will edaptive equipment

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) ML A. BUIL	ULTIPLE CONSTRUCTION DING	(X3) DATE COMPI	SURVEY	
		09G217	B. WING	G		02/2011	
	PROVIDER OR SUPPLIER WASHINGTON, INC			STREET ADDRESS, CITY, STATE, 617 DAHLIA STREET, NW WASHINGTON, DC 20011	ZIP CODE	03/02/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN	OF CORRECTION ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
	third physical therap review dated Augus recommended that swing away, remova footplates for his wh On September 2, 20 provided a durable re order dated Decemble revealed that a standard delivered to Clie 3, 2011. Further into revealed no evidence Client #4's footrest, survey, that she called about Client #4's foo	Dy (PT) quarterly progress at 12, 2011, that Client #4's wheelchair obtain able footrest with fold up beelchair. D11, at 11:30 a.m., the RN medical equipment (DME) oper 1, 2010. The DME order dard wheelchair with footrest ent #4's home on December erview with the RN and PD, e of the whereabouts of The QIDP informed the ed all the staff, inquiring trest, to no avail. At the time of failed to provide evidence	W 43	Client #4's swing away for There were inside the closs Refer to attachment # 6a Another 719-A was signed the order of the new pair of Refer to attachment # 6b Staff were trained on the QIDP on Refer to attachment # 5d in the future, the facility mensure that the individuals are available and in good	et. d by the PCP for of footrests on adaptive equipment by nanagement will dataptive equipment	9-06-11	
				· · · · · · · · · · · · · · · · · · ·	· :		
				:	:	,	

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** COMPLETED A BUILDING B. WING 09G217 09/02/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 617 DAHLIA STREET, NW RCM OF WASHINGTON, INC. WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 1000 INITIAL COMMENTS 1000 A licensure survey was conducted from August 31, 2011 through September 2, 2011. A random sample of three residents was selected from a population of three females and two males with various intellectual and developmental disabilities. The findings of the survey were based on observations and an interview with one family member and residents, staff in the home and at two day programs, as well as a review of resident and administrative records, including incident reports. [Qualified Mental Retardation Professional (QMRP) will be referred to as Qualified Intellectual Disabilities Professional (QIDP) within this report]. 1090 3504.1 HOUSEKEEPING 1090 The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to maintain the interior of the facility in a safe, clean, orderly, attractive, and sanitary manner, for one of five residents residing in the home. (Resident #5) The finding includes: Observation and interview conducted with the facility qualified intellectual disabilities professional (QIDP) on September 2, 2011. beginning at 2:20 p.m., revealed the following: Health Regulation & Licensing-Administration

TO ANY AM INDER/SUPPLIER REPRESENTATIVE'S SIGNATURE RECTAR'S OR PRO STATE FORM

Health Regulation & Licensin	g Administration			FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB	ER:	2) MULTIPLE CONSTRUCTION BUILDING WING	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER				09/02/2011
			CITY, STATE, ZIP CODE	
RCM OF WASHINGTON, INC	V	617 DAHLIA ST NASHINGTON,	DC 20011	
FACE REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU CO IDENTIFYING INFORMATIO	LL PRE	D PROVIDER'S PLAN O EFIX (EACH CORRECTIVE AC AG CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLETE THE APPROPRIATE DATE
1 090 Continued From pag	je 1	1 090		
that her bed was obsthe left side at the fortrimming/molding on observed to be detacted. 2. There was a block #5's bed located near attached to the wall. to keep the client's he the wall. However, the approximately 5 inche caused the closet doc. The QIDP confirmed at the conclusion of the walk-through.	top of the foot board withed from the foundation of wood underneath of the head rest that wanthe wood was placed the wood was placed and board from damage bed remained as from the wall which or not open fully. The above-cited deficience environmental	ape on vas on. Client s there ing	In the future, the facility me that the interior of the bedselean and attractive.	room of client's #5 is safe neath Client #5 bed located oved on 9-06-11 anagement will ensure
Each GHMRP shall pr administrative support needs of the residents Habilitation plans This Statute is not me Based on observation, review, the group home intellectual disabilities (adequate administrativ provided to effectively i of three residents in the #3 and #4) The findings include: 1. Cross refer to federa W189. The GHPID's Q each employee was pro	ovide adequate to efficiently meet the as required by their it as evidenced by: interview and record e for persons with (GHPID) failed to ensu e support had been meet the needs, for thr e sample. (Resident #	re Be 2,		

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLI IDENTIFICATION NO	JMBER ""	ULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY COMPLETED
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09G217 NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CI		09/02/2011
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RCM OF WASHINGTON, INC	617 DAHLIA STRE WASHINGTON, DO	ET, NW C 20011	
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180 Continued From page 2	F 180		
training that enabled the employee to pe or her duties effectively, efficiently, and competently for Resident #2.	•	Refer to W 120 P 1&2 of 13 Attachment #1	9-(16-11
 The GHPID's QIDP failed coordinate monitor services to ensure Resident #3's wrist hand splint was furnished and mair condition, as evidenced below. On August 31, 2011, at 9:55 a.m., Resid was observed sitting in a custom molded wheelchair watching television in the livir area. The resident's right hand appeare contracted. A few seconds later, intervie the licensed practical nurse (LPN) verifies the Resident #3's right hand was contracted. September 2, 2011, at 9:58 a.m., review Resident #3's individual support plan (ISI December 18, 2010, revealed an occupa therapist (OT) quarterly review dated May The OT review revealed that Resident #3 continue to benefit from the hand splint to maintain his current range of motion (RO prevent contractures, and encourage and hand posture. Interview with the same LPN on Septemb 2011, at 10:15 a.m., revealed the resident had a right wrist hand splint to address his contractures of the right hand. Further intervealed the hand splint, the LPN was unable to prevent end off for one hour. When asked the hand splint, the LPN was unable to prevent end off for one hour. When asked the hand splint, the LPN was unable to prevent end off for one hour. When asked the hand splint, the LPN was unable to prevent end of the confirmed the LPN's aforement interview. At the time of the survey, there was no evithat Resident #3's furnished and maintained. 	s right ntained in lent #3 ling room d to be lew with d that led. On of	Client #3 was wearing his hand splint to his hospitalization from 8-8-11 to he was discharged from the nursing his residence at 617 Dahlia street NV According to the staff, Mr. Jones work hospitalization. The staff did not repoteam that Mr. Jones' hand splint was Once the home management team wa hand splint, the DON contacted The POS and 719-A was signed by the PC Refer to attachment # 5 a Hanger Prosthetics & Othotics was contacted that splint fitting appointment, which Refer to attachment 5b. The Occupational Therapist reported to completed Mr. Jones' IPP and data collected Mr. Jones' IPP and data collected to attachment 5c. Staff were trained on the adaptive equipment are findividuals' adaptive equipment are findividuals' adaptive equipment are findividuals' adaptive equipment are findividuals' to the facility management.	8-25-11 when some, and returned to V. c his hand splint after the ort to the house management in place. s aware of the missing PCP to request the Pon 9-07-11. contacted for Mr. Jones' h was scheduled on 9-15-11 to the home, and election sheet. 9-16-11 sippment by the QIDP 9-22-11 will ensure that the turnished, and in good

neaith	Regulation & Licensia	ng Administration				FORW	APPROVED
	NT OF DEI ICIENCIES I OF CORRECTION	(XI) PROVIDER/SUPPLIE IDENTIFICATION NU 09G217	ER/CLIA MBER	(X2) MUU A. BUILD B. WING	ING	(X3) DATE S COMPLE	ETED
NAME OF	PROVIDER OR SUPPLIER	030211	CTDEET AD	SDESS SITE		09/0	<u>2/201</u> 1
					, STATE, ZIP CODE	,	
RCM OF	WASHINGTON, INC	· 	WASHING	LIA STREE STON, DC	T, NW 20011		
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l 18 0	Continued From page	ge 3	·	I 180			
	good repair.						
	This is a repeat defi	ciency.			!		i
	3. On August 31, 20 was observed laying wheelchair placed in staff was observed pathroom. During the feet were dragging of manual wheelchair, interviewed to ascert whether or not footre wheelchair. The staff that the resident has wheelchair." Interviewed intellectual disabilities same date, at approximate since her employnot seen any footrest.	on the sofa with a nare front of him. At 9:1: propelling the resider the transition, Resider the floor, underneases the floor, underneases were required or freplied, "I am not a or uses footrest for law with the qualified professional (QIDP timately 11:00 a.m., ment (May 2011) she from the foot the floor in the floo	nanual 5 a.m., ht to the ht #4's eath the taff was rding her ware his		Client #4's swing away footrests were There were inside the closet. Refer to attachment # 6a Another 719-A was signed by the PCF the order of the new pair of footrests of Refer to attachment # 6b Staff were trained on the adaptive equithe QIDP on Refer to attachment # 5d In the future, the facility management ensure that the individuals' adaptive equite are available and in good repair.	on for ipment by	9-02-11 9-06-11 9-22-11
() () () () () () () () () ()	wheelchair. Review of Resident #2011, at approximate third physical therapy review dated August recommended that Robtain swing away, reup footplates for his work to be compared to Residue a delivered to Residue 2010. F	ly 10:00 a.m., reveal (PT) quarterly programmer, 2011, that esident #4's wheelch imovable footrest with the eligible and 11:33 a.m., the edical equipment (DI ar 1, 2010. The DME and wheelchair with foodent #4's home on	ed a ress hair h fold RN ME) corder potrest		Client #4's swing away footrests were I There were inside the closet. Refer to attachment # 6a Another 719-A was signed by the PCP the order of the new pair of footrests of Refer to attachment # 6b Staff were trained on the adaptive equip QIDP on Refer to attachment # 5d	for n !	9-06-11
v C	and PD, revealed no exhereabouts of Residu DIDP informed the suited taff, inquiring about R	evidence of the ent #4's footrest. The rvey, that she called.	ne all the		In the future, the facility management we ensure that the individuals' adaptive equare available and in good repair.		

Health I	Regulation & Licensin	g Administration				FORM APPRO	VED .
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER (Description of the control			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NAM≅ OF F	PROVIDER OR SUPPLIER	090217	STREET ADDRESS, CITY, STATE, ZIP CODE			09/02/2011	
	WASHINGTON, INC		617 DAHL	HLIA STREET, NW NGTON, DC 20011			
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I 180	Continued From page	ge 4		∣ 180			
	avail. At the time of provide evidence of	the visit, the facility the Resident #4's footre	failed to st.				
1 206	3509.6 PERSONNE	L POLICIES		1 206			‡
	Each employee, price annually thereafter, certification that a he performed and that a would allow him or hiduties.	shall provide a physic ealth inventory has be the employee's heal	cian ' s een lth status				
	This Statute is not in Based on interview a home for persons wi (GHPID) failed to ensorable (Staff #1, #2, #6 and (Nurses #1 and #4) a consultants (primary pathologist and social certificates.	and record review, the th intellectual disabili sure that five of the n #7), two of the eight and three of the eleve care physician, spee	ties nine staff nurses en ech		Staff #1, 2, 3, and 4's health certifical Refer to attachment # 9a & 9b 9c 9d In the future the home management staff's health certificates are in the fatto monitors upon requests.	will ensure the	
	The finding includes:						
• • •	On September 2, 20 review of the personr GHPID failed to have certificates for five of eight nurses, and threat the staff confirmed the personnel were without their personnel files	nel records revealed evidence of current the nine staff, two of see of the eleven cons that the aforemention out current health cert	the health the sultants ed		The three consultants's health certific on file. Refer to attachments # 10a, 10b, 10c. In the future the home management we consultants 'health certificates are in tand available to monitors upon reques	vill ensure the	9-06-11
1222	3510.3 STAFF TRAIN	NING	. 1	1 222			
٦	There shall be continu	uous, ongoing in-sen	vice				

Health Regulation & Lic					FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N 09G217	IER/CLIA IUMBER.	(X2) MUL A. BUILD B. WING		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPP		STREET AD	DDECC CITY	. STATE, ZIP CODE	09/02/2011
RCM OF WASHINGTON,		617 DAH	LIA STREE STON, DC	T. NW	
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1 222 Continued Fron	n page 5		1222	1	
training program	ns scheduled for all pers	Sonnel			•
review, the grouintellectual disal continuous, ong to address the nin the sample. (The finding inclusions approximately 10	n September 2, 2011, a D:10 a.m., failed to provi	cord n ensure a program esidents			
on August 31, 20 was observed sit wheelchair watch A few minutes lat to the company v program. Staff # resident's wheelchair, a the wheelchair was of the van for sup observed attached used by Staff #1. Interview with Staff wheelchair should wheelchair should wheelchair should wheelchair should was observed.	Mice training on the use	ent #2 Ingroom Insported Ingroom Insported Ingroom Insported Ingroom Insported Ingroom Insported Ingroom Insported Ingroom Ing		All staff were trained by Oneness & The training included Whelechair to Wheelchair securement system, Sa Securement system in and out of y Pretrip assessment, Wheelchair lift precautions Wheelchair lift operation. The training was on client #2's wheas well as the rest of the client on win the facility. Refer to attachment #2. In the future, the facility management that staff are trained on the union of the staff are trained on the union of the staff are trained on	ic down, fety, chicle, general ons (power manual) celchair safety theelchairs
wheelchair lift. Int admittedly did not strap attached to t the strap was a litt	erview with Staff #1, wh secure Resident #2 usin he wheelchair, revealed le short. Continued that afternoon at 3:50 p.	o ng the that		wheelchair safety	

Health	Regulation & Licensing	ng Administration				FORM APPROVE	:U
STATEME AND PLAN	NT OF DEPICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MUL A BUILD B WING		(X3) DATE SURVEY COMPLETED	-
NAME OF	PROVIDER OR SUPPLIER	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STREET AL	DRESS CITY	, STATE, ZIP CODE	09/02/2011	
	WASHINGTON, INC	,	617 DAH	LIA STREE GTON, DC	T, NW		
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1222	Continued From page	ge 6		I 222			_
	Staff #3 was observed secure Resident #2 wheelchair strap attractions are straining on securing Interview with the quarteristic with the graph of the in service with the service with the surface of the wheelst with the surface of the wheelst with the surface of the wheelst with the surface with the surfac	red to show Staff #1 I is wheelchair using the ached to the wheelch #1 on September 2, 2 if that she had receive resident's on the varialified intellectual distriction the same day at 2 on wheelchair securice training records at 10:20 a.m., reveal evidence that staff he wheelchair security veyor had requested elchair security training records at 2 on wheelchair security training records at 10:20 a.m., reveal evidence that staff he wheelchair security training records at 10:20 a.m., reveal evidence that staff he wheelchair security training records at 10:20 a.m., reveal evidence that staff he wheelchair security training records at 10:20 a.m., reveal evidence that staff he wheelchair security training records at 10:20 a.m., reveal evidence that staff he wheelchair security training records at 10:20 a.m., reveal evidence that staff he wheelchair security training records at 10:20 a.m., reveal evidence that staff he wheelchair security training records at 10:20 a.m., reveal evidence that staff he wheelchair security training records at 10:20 a.m., reveal evidence that staff he wheelchair security training records at 10:20 a.m., reveal evidence that staff he wheelchair security training records at 10:20 a.m., reveal evidence that staff he wheelchair security training records at 10:20 a.m., reveal evidence that staff he wheelchair security training records at 10:20 a.m., reveal evidence that 10:20 a.m	ne pair lift. 2011, at ed i. sabilities staff rity. on ed there ad It should		All staff were trained by Oneness M. The training included Whelechair ti Wheelchair securement system, Saf Securement system in and out of verifications. Wheelchair lift operations wheelchair lift operations were training was on client #2's wheel as well as the rest of the client on which the facility. Refer to attachment #2. In the future, the facility management current that staff are trained on the use wheelchair safety	e down, ety, shicle, general ms (power manual) elchair safety heelchairs	
	3513.1(b) ADMINIST Each GHMRP shall nagency 's inspection, administrative record (b) Personnel records descriptions either at office and made avail This Statute is not mediased on interview ardome for Persons with GHPID) failed to ensuadministrative records aspection, for one of providing services.	naintain for each auti , at any time, the folk s: s for all staff including the GHMRP or in a c able upon request; et as evidenced by; nd record review, the h Intellectual Disabili ure that all the requir	horized owing g job central Group ties	271			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MUL A. BUILD B. WING		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER	030217	CTREET ADV	22525		09/02/2011		
RCM OF WASHINGTON, INC. 61		617 DAHL	STREET ADDRESS, CITY, STATE, ZIP CODE 617 DAHLIA STREET, NW WASHINGTON, DC 20011				
TAG REGULATORY OR LS	EMENT OF DEFICIENCIES MUST BE PRECEDED BY I C IDENTIFYING INFORMA	3	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE CONTROL		
1271 Continued From pag	e 7		1 271				
On August 31, 2011, conference at 10:00 disabilities profession available for review the employees, including consultants. On Septime 10:20 a.m., review of health care profession a current administration QIDP said she would main office. On September 2, 201 p.m., the QIDP stated	a.m., the qualified in hal (QIDP) agreed to he personnel records licensed profession tember 2, 2011, beg the personnel record hals revealed no evidue record for Nurse a follow-up with the agreement of the personnel record for Nurse and the personnel follow-up with the agreement of the personnel follow-up with the agreement of the personnel follow-up with the agreement of the personnel follow-up with the personnel follo	tellectual make s of all al health inning at ds for dence of #4. The gency's		The personnel record for no file Refer to attachment #8 In the future the facility man all of the nurses' files are ob and are available to monitor. The personnel record for nurse Refer to attachment #8 In the future the facility manage	9-06-1 nagement will ensure that tained from the office, s upon request. #4 are currently on file 9-		
personnel record for N information was prese ended later that aftern	lurse #4. No addition Inted before the surviction.	nal 'ey	399	all of the nurses' files are obtain and are available to monitors up	ed from the office,		
Each GHMRP shall ha professional staff to ca necessary professiona accordance with the go individual habilitation of	ve available qualifier my out and monitor I interventions, in pals and objectives o	f every					
necessary by the interd professional services in limited to, those service trained, qualified, and li District of Columbia law disciplines or areas of s	lay include, but not to s provided by individe censed as required to the following	e duals	Q.				
(i) Speech and langua This Statute is not met Based on interview and home for persons with in (GHPID) failed to ensure	as evidenced by: record review, the g	roup					

Health	Regulation & Licensia	ng Administration				FORM APPROVE		
STATEMEI AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU. 09G217	R/CLIA MBER	A. BUILD B. WING		(X3) DATE SURVEY COMPLETED		
NAME OF	PROVIDER OR SUPPLIER		STREET A	DDBESS CID	CTATE TIP CODE	09/02/2011		
	WASHINGTON, INC		STREET ADDRESS, CITY. STATE, ZIP CODE 617 DAHLIA STREET, NW WASHINGTON, DC 20011					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FILL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	DULD BE COMPLETE		
1 399	Continued From pa	ge 8		1 399				
	individual providing		s at the					
-	The finding is:	Juage Therapy.						
	Review of the perso 2011, beginning at 1 current license/profe available for the Spe approximately 12:30 intellectual disabilitie the license/professio Speech Language T review.	10:20 a.m., revealed (essional certification v eech Language Thera p.m., the GHPID's q es professional confin onal credentialing for	that a was not apist. At ualified med that the		The Speech and Language Patholog the corporate office in the HR's office in the HR's office in the future the facility managemer all of the clinicians' files are obtained and are available to monitors upon respectively.	ice 9-02-11 It will ensure that d from the office,		
	On September 6, 20 a.m., a search of pro online revealed no expect Language Tipractice in the District with: Title 3, Chapter 12 of Official Code SUBCHAPTER V. LICREGISTRATION, OF HEALTH PROFESSI	ofessional licensing revidence that the considerable that the considerable to of Columbia, in according to District of Columbia, in according the District of Columbia, in according to CENSING, R CERTIFICATION CONALS § 3-1205.01	ecords sulting 1 to oordance nbia	·	The Speech and Language Pathologic the corporate office in the HR's office. Refer to attachment # 7. In the future the facility management all of the clinicians' files are obtained and are available to monitors upon re-	t will ensure that		
1436	3521.7(f) HABILITAT	TON AND TRAINING	,	I 436				
(The habilitation and to GHMRP shall include be limited to, the follo	, when appropriate, t	y the out not	,				
ŧ	f) Health care (includ use and self-administ uid, care and use of p	ration of medication.	first					

Health	Regulation & Licensir	g Administration				FORM APPROVED
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER 09G217			(X2) MUL A. BUILD B. WING		(X3) DATE SURVEY COMPLETED
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KCM UF	WASHINGTON, INC		WASHING			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	FIA)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
1 436	Continued From page	ge 9		436		
	devices, preventive	health care, and safe	ety);			
	Based on observation of records, the Ground Retarded Persons (can effective system participated in a self for two of the three reflections and #The findings include:	GHMRP) failed to imp to ensure that each re- medication training p esidents in the samp 2)	ne review plement esident program, ile.			
	1. Observation of the on August 31, 2011, licensed practical nu #1's medications. He medicine cup, crushe of applesauce and spredication. The LPP resident's mouth as sWhen finished, the Linto the trash can. At observed preparing FHe punched the pills, placed them spoon fed the LPN enoparticipate in the self-	at 4:35 p.m., reveale rse (LPN) prepared Fe punched a pill into a per the pill, placed into poon fed the resident of the resident of the resident drank was PN placed the medic 6:50 p.m., the LPN value a cup of applesauce of the medications. A pourage the resident for the reside	ed the Resident a D a cup ther to the ater dine cup vas tions. crushed and		Client #1 is encouraged to participal program during medication administration refuses, she is offered with the opping All nurses have been retrained to enteredication program is fully impleming Refer to attachment #4. In the future, the nursing team will call of the individuals are encouraged in the self medication program.	istration. Even if she cortunity to participate. Issure that client #1's self mented per protocol. 9-03-1
 	Interview with LPN or medication administra- resident does not par- program. Review of Resident # assessment dated Ma 1, 2011, at 9:45 a.m., capable of self admini assistance and under	ation, revealed that the ticipate in a self medication a self medication by 26, 2011, on September evealed that the resistering medication w	ne ication ember ident is		Client #1 is encouraged to participate program during medication administ refuses, she is offered with the opportal nurses have been retrained to ensumedication program is fully impleme Refer to attachment #4. In the future, the nursing team will enable of the individuals are encouraged to the outfort the statement will be set for the set f	ration. Even if she rtunity to participate. ure that elient #1's self nted per protocol. 9-(3-11) usure that

in the self medication program.

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	INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MUL A. BUILD B. WING		(X3) DATE SURVEY COMPLETED
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I 436	1436 Continued From page 10			l 43 6		
	time, a training prog the interdisciplinary program.	gram was recommen team accepted the t	ded and raining			
	Review of Resident #1's Individual Program Plan (IPP) dated November 10, 2010, on September 1 2011, at 10:06 a.m., revealed a program goal which stated, "increase her self medication participation skills". Further review indicated Resident #1's self-medication program was outlined as follows: - With hand over hand assistance from the nurse, [the resident] will accept the dispensed mediation from the nurse; - With hand over hand assistance from the nurse, [the resident] will put the medication in her mouth; and - With hand over hand assistance from the nurse, [the resident] will swallow her medications with a cup of water. Review of Resident's #1 program documentation record on September 1, 2011, at approximately 12:30 p.m., revealed that the LPN documented that the resident required hand over hand assistance. Interview with the facility's registered nurse on September 1, 2011, at approximately 1:00 p.m., revealed that the LPN should encourage Resident #1 to participate in the self medication program.		tember 1, goal on ated vas he nurse, nediation		Client #1 is encouraged to partition program during medication addrefuses, she is offered with the All nurses have been retrained (medication program is fully imp9-03-11 Refer to attachment #4. In the future, the nursing team vall of the individuals are encour in the self medication program.	ministration. Even if she opportunity to participate, to ensure that client #1's septemented per protocol.
			ne nurse, s with a entation mately sented gistered nately		Client #1 is encouraged to particip program during medication admin refuses, she is offered with the op All nurses have been retrained to e medication program is fully impler Refer to attachment #4. In the future, the nursing team will	postunity to participate. Insure that client #1's self- mented per protocol. 9-0
	2. Observation of the on August 31, 2011, licensed practical nur #2's medications. He medicine cup, crushe of applessure and st	at 6:26 p.m., reveale rse (LPN) preparing le punched the pills in ed the pills, placed in	d the Resident to a to a cup			

Health	Regulation & Licensin	ng Administration		1		
	INT OF DÉFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	R/CLIA IBER	A. BUILD		(X3) DATE SURVEY COMPLETED
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NAME OF	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY	STATE, ZIP CODE	
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1 436	Continued From pa	ge 11		1 436		
	medication. The LPN then held the cup up to the resident's mouth as she resident drank the water. When finished, the LPN placed the medicine cup into the trash can. At no time did the LPN encourage the resident to participate in the self-medication administration. Interview with LPN on the same day, after the medication administration, revealed that the resident does not participate in a self medication program. Review of Resident #2's self medication assessment dated May 26, 2011, on September 1, 2011, at 11:00 a.m., revealed that the resident is capable of self administering medication with assistance and under close supervision. At that time, a training program was recommended and the interdisciplinary team accepted the training program. Review of Resident #2's Individual Program Plan (IPP) dated October 25, 2011, on September 1, 2011, at 12:06 p.m., revealed a program goal which stated, "increase her self medication participation skills". Further review indicated Resident #1's self-medication program was outlined as follows:		ne water, cine cup V ne r the he		Client #2 is encouraged to particip program during medication admin refuses, she is offered with the op All nurses have been retrained to a medication program is fully imple Refer to attachment #4. In the future, the nursing team will all of the individuals are encouragin the self medication program.	nistration. Even if she portunity to participate. ensure that client #2's sell mented per protocol. 9
y.			esident n with At that ed and		Client #2 is encouraged to participate program during medication administ refuses, she is offered with the opposall nurses have been retrained to ensured to ensure discation program is fully implement.	tration. Even if she ortunity to participate. Sure that client #2's self
			ber 1, goal n led		Refer to attachment #4. In the future, the nursing team will eall of the individuals are encouraged in the self medication program.	
		nd assistance from the cept the dispensed me			Client #2 is encouraged to participate program during medication administ refuses, she is offered with the opportunity of the course of the co	ration. Even if she
	- With hand over har [the resident] will put and	nd assistance from the the medication in her	,	:	All nurses have been retrained to ens medication program is fully impleme Refer to attachment #4.	ure that client #2's self nted per protocol. 9-02
	- With hand over har [the resident] will swa cup of water.				In the future, the nursing team will enall of the individuals are encouraged in the self medication program.	

Health Regulation & Licensing Administration								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
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i 436	Continued From pa	ge 12		l 436				
1.407	Review of Resident's #2 program documentation record on September 1, 2011, at approximately 2:30 p.m., revealed that the LPN documented that the resident required hand over hand assistance. Interview with the facility's registered nurse on September 1, 2011, at approximately 3:00 p.m., revealed that he LPN should encourage Resident #2 to participate in the self medication program.				Client #2 is encouraged to participate in self medication program during medication administration. Even if she refuses, she is offered with the opportunity to participate. All nurses have been retrained to ensure that client #2's sel medication program is fully implemented per protocol. Refer to attachment #4. 9-03-1 In the future, the nursing team will ensure that all of the individuals are encouraged to fully participate in the self medication program.			
437 3521.7(g) HABILITATION AND TRAINING			G	1 437				
	The habilitation and GHMRP shall includ be limited to, the folio	e, when appropriate, owing areas:	by the but not					
	(g) Communication (including language development and usage, signing, use of the telephone, letter writing, and availability and utilization of communications media, such as books, newspapers, magazines, radio, television, telephone, and such specialized equipment as may be required);							
	This Statute is not in Based on observation review, the group hor intellectual disabilities habilitation and training residents included in	n, staff interview and me for persons with s (GHPID) failed to p ng, for one of the thre	rovide ;		Client #1 was reassessed by the QII Client #1 does not communicate wi The goal has been revised and the c to physical assistance. Staff has been trained to physically #1 in the implementation of the tabl	th sign language. riteria was changed assist client		
	The finding includes:			ĺ	Refer to attachment #3			
During evening observation on August 31, 2011, at 4:50 p.m., Resident #1 was observed participating in table top activities. At 4:55 p.m., the resident threw the blocks across the table. The staff put the blocks back in front of the resident and she gently tossed them across the			5 p.m., able. e		The Speech and Language Pathologist will assess Client #1 on 9-30-11 In the future, the QIDP will ensure that client #1's goal and objective coincide with her cognitive and adaptive abilities.			

Health Regulation & Licensin	g Administration				FORM APPROVED		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G217		(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
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table. The staff asker finished playing and in the opposite direct the blocks back into from the table. Interest, 2011, at 5:20 p.m was non-verbal and inneed; however the reamerican sign langual Review of Resident # (IPP) dated November 2011, at 10:06 a.m., is which stated," [the receives, no, thank you, significant sper memorths."	the resident if she the resident turned in the resident turned in the bag and remove the bag and remove with the staff or an are revealed that the used gestures to expected the sident does not use age. It is individual programmer 10, 2010, on Septime revealed a programmer sident will use manuscorry, what and pleas from staff on 60% of	her head e staff put ed them n August resident press her am plan ember 1, objective ual signs se) with	1437	Client #1 was reassessed by the QIE Client #1 does not communicate wit The goal has been revised and the creation of the state of the physical assistance. Staff has been trained to physically #1 in the implementation of the table Refer to attachment #3. The Speech and Language Patholog Client #1 on In the future, the QIDP will ensure the goal and objective coincide with her adaptive abilities.	with sign language. e criteria was lly assist client able top activities. logist will assess 9-30-11 re that client #1's		
On September 2, 201 with the qualified intel professional (QIDP) in #1 does not use sign uses gestures to exprise with the direct support 2011, at 10:40 a.m., we evening of August 31, resident used gesture needs. She further included want to participate in a items across the table. Review of the QIDP que November 2010 through revealed that Resident assistance to complete further revealed that the to receive training on the IPP. The QIDP confirm	lectual disabilities adicated that the Reslanguage; however, ess her needs. Intent staff on September who had been on dut 2011, revealed that is to express her wardicated that if she do not the room. Larterly notes dated gh August 6, 2011, if #1 required 40% president should conte resident should conte manual sign land	sident she rview 1, y the the nts and bes not d throw from nysical es ontinue		Client #1 was reassessed by the Ql Client #1 does not communicate w The goal has been revised and the changed to physical assistance. Staff has been trained to physically #1 in the implementation of the tab Refer to attachment #3 The Speech and Language Patholo Client #1 on In the future, the QIDP will ensure goal and objective coincide with he adaptive abilities.	ith sign language. criteria was assist client le top activities. gist will assess 9-30-11 that client #1's		

not use manual signs and she would speak to the

Health Regulation	Health Regulation & Licensing Administration FORM APPROVED							
STATEMENT OF DEFIC AND PLAN OF CORRECT	IENCIES CTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G	(X3) DATE COMPI		
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l prefix (EAC	H DEFICIENCY	MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (X) (EACH CORRECTIVE ACTION SHOULD BE COME CROSS-REFERENCED TO THE APPROPRIATE DA DEFICIENCY)			
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staff that documen	tworked on nied on Res	August 31, 2011, ar sident #1's sign langu	nd uage IPP.					
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